

March 27, 2018 P.M.

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

In re: Bard IVC Filters,)
Products Liability Litigation)
)
) MD-15-02641-PHX-DGC
)
Sherr-Una Booker, an individual,)
) Phoenix, Arizona
Plaintiff,) March 27, 2018
v.) 1:00 p.m.
)
C.R. Bard, Inc., a New Jersey)
corporation; and Bard Peripheral) CV-16-00474-PHX-DGC
Vascular, Inc., an Arizona)
corporation,)
)
Defendants.)
)

BEFORE: THE HONORABLE DAVID G. CAMPBELL, JUDGE

REPORTER'S TRANSCRIPT OF PROCEEDINGS

JURY TRIAL - DAY 9 P.M.

(Pages 2001 through 2160)

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United States District Court

CHRISTOPHER S. MORRIS, M.D. - Direct

1 are really prone to developing DVT are those that involve the
2 brain that interrupt what we call the blood brain barrier. It
3 has something to do with releasing phospholipids into the
4 bloodstream that becomes very thrombogenic to the patient.
5 Urologic type cancers are also very thrombogenic, predispose
6 patients to DVT.

02:18:23

02:18:35

7 And then the other group -- I mean, there's lots of
8 other additional groups but injury and just in general like
9 trauma, particularly trauma involving extremities also
10 predisposes patients to DVT.

02:18:58

11 Q. What about bariatric surgery patients, are they at risk
12 for pulmonary emboli?

13 A. Obesity is another one of those others that I mentioned
14 briefly. That's another risk factor, yes.

15 Q. Has the federal government taken any action or made any
16 pronouncement regarding the public health risk associated with
17 pulmonary embolism?

02:19:19

18 A. Yes. In 2008 the U.S. Surgeon General submitted a call to
19 action on pulmonary embolism and deep venous thrombosis.

20 MR. NORTH: If we could pull up Exhibit 7411.

02:19:41

21 BY MR. NORTH:

22 Q. Is this the Government publication that you just
23 referenced?

24 A. Yes.

25 Q. And are you familiar with that publication?

02:19:57

CHRISTOPHER S. MORRIS, M.D. - Direct

1 A. I have read it. Not recently but I am familiar with it,
2 yes.

02:19:59

3 MR. NORTH: Your Honor, we would tender 7411 as an
4 exhibit.

5 MR. O'CONNOR: Objection. Hearsay, Your Honor.

02:20:12

6 THE COURT: What's your response, Mr. North?

7 MR. NORTH: 803(8) I believe is a public record.

8 THE COURT: Your response on 803(8), Mr. O'Connor?

9 MR. O'CONNOR: Well, Your Honor, I mean, is he going
10 to just read from it or is he going to publish the entire
11 document?

02:20:55

12 THE COURT: He's moving the whole thing into evidence
13 under 803(8).

14 MR. O'CONNOR: Objection. Lack of foundation, Your
15 Honor.

02:21:07

16 THE COURT: Okay.

17 So are you changing the objection from hearsay to
18 lack of foundation?

19 MR. O'CONNOR: Well, foundation for the public
20 records exception hasn't been met.

02:21:19

21 THE COURT: Okay.

22 I'm going to overrule that. I think it is
23 sufficiently authenticated under Rule 901(a) and, therefore,
24 I'm going to overrule the objection based on lack of
25 authentication and admit Exhibit 7411.

02:21:41

United States District Court

CHRISTOPHER S. MORRIS, M.D. - Direct

MR. NORTH: Thank you, Your Honor.

02:21:44

(Exhibit Number 7411 was admitted into evidence.)

MR. NORTH: If we could publish this to the jury,

Your Honor.

THE COURT: You may.

02:21:53

BY MR. NORTH:

Q. So is this the publication we have been talking about from the Surgeon General?

A. Yes, it is.

Q. If we could turn to page nine. In the first paragraph, about midway down the Surgeon General talks about estimates of

02:22:03

PE. Do you see that?

A. Yes, I do.

Q. Is that generally consistent with your understanding of the current --

02:22:23

A. Yes, it is.

Q. -- current rates in this country?

You told us just a few minutes ago I believe that you believe there are 50,000 to 200,000 deaths per year from PE in the United States. Here the Surgeon General says 100,000. We have seen lots of different numbers. Do you have any idea why there is this large range of numbers here?

02:22:38

A. Well, different studies have used different, you know, parameters looking at those numbers and they have come up with different numbers. So, you know, some of the studies were done

02:22:56

CHRISTOPHER S. MORRIS, M.D. - Direct

1 quite a while ago and others more recently. So they have come
2 up with a range of figures.

02:23:03

3 Q. If we could turn to page 11, please, and on the second
4 paragraph, the Surgeon General here suggests that estimates
5 indicate that PE causes more deaths each year than breast
6 cancer, AIDS, or motor vehicle incidents, illnesses or injuries
7 that are well understood.

02:23:30

8 Do you agree with that?

9 A. Yes, I do.

10 MR. NORTH: And then if we could turn to page 19.

02:23:50

11 BY MR. NORTH:

12 Q. Let me ask you this, Doctor. What is the standard
13 treatment for pulmonary embolism?

14 A. Systemic anticoagulation.

15 Q. And in those patients where anticoagulation is not an
16 option, what is alternative treatments that are available?

02:24:24

17 A. IVC filtration or an IVC filter.

18 Q. Tell me some of the specific patient types where you would
19 recommend in your practice using an IVC filter.

20 A. I mentioned before that we would in the nineties and
21 actually up to about the mid-2000s, one of our patient groups
22 that we placed filters in were those that did not have a
23 documented diagnosis of venous thromboembolism, meaning DVT or
24 PE. Those are called prophylactic filters. But more than ten
25 years ago we stopped placing IVC filters in that group for

02:24:51

02:25:16